MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/247,525
FILING DATE 2/10/99
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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50						
TOTAL IND.	4					
TOTAL DEP.	4					
TOTAL	8					

	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
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